

BOOK REVIEWS

Clinical Risk Management: Enhancing Patient Safety. 2nd Edition. Charles Vincent, Editor. (Pp 573; £47.50). London: BMJ Books, 2001. ISBN 0 7279 1392 1

The subtitle of this book, now in its second edition, indicates why it should be essential reading for all healthcare workers. At the heart of aspirations around delivering quality in health and healthcare systems must be the safety of the patient. Anything less than this focus means that the trust and confidence which patients and their families have in healthcare providers will be misplaced. "Do no harm", the Hippocratic oath reminds us; "put patient safety first" is the message of *Clinical Risk Management*.

Edited by Charles Vincent, the UK's leading researcher in clinical risk management, the book's individual chapters on risk management issues in specific areas of medicine (for example, obstetrics, surgery, paediatrics, anaesthetics, general medicine, psychiatry) have a particular relevance to specialist healthcare workers in these arenas. They also, however, offer examples of good practice across a spectrum of risk management issues. Chapters on the principles and implementation of risk management and on creating safe conditions for patients and, indeed, for practitioners offer invaluable insights on making things better and safer.

So who should read this book? Firstly, it should be compulsory and early reading for medical, nursing, and therapy undergraduate students. Patient safety—clinical risk management—should not be reserved as a postgraduate subject. It is at the very heart of healthcare delivery. In educating future practitioners, the potential of what is technically possible through bioscience development must be tempered from the outset with an understanding of what is appropriate and how judgements about appropriateness are made through consultation, deliberation, and communication with patients and their families. An understanding of risk and how that is communicated and shared should not be an "add on" to the technical and vocational syllabus of specialties. It should be core teaching, introduced early in the undergraduate syllabus and built upon throughout undergraduate and postgraduate training. Concepts of clinical risk and patient safety should be ongoing elements of professional development that start when professional education begins and continue throughout a lifetime of professional growth and activity. Whole conferences devoted entirely to Clinical Risk Management seem to be increasingly out of place since surely this is not a "topic" which is discrete and self-contained. When risk and patient safety issues are addressed

each and every time a speaker talks about anything at all to do with health care, then the message of this book will finally have been understood. The business of health care is to do no harm and to therefore ensure that, in providing health and health care, patient safety is enhanced.

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Understanding Clinical Papers D Bow-ers, A House, D Owens. (Pp 202, £19.99). Chichester, UK: John Wiley & Sons, 2001. ISBN 0 471 48976 X

As the authors state in their preface, this book is intended to help healthcare professionals understand and evaluate the clinical research literature. It is not a textbook, but would be an excellent companion to a clinicians' journal club or as a review for graduate students. One of us (AK) found this book very helpful in preparing for his doctoral comprehensive examination in health services research.

There are a number of good introductory textbooks about clinical research design and methods. What makes this one unique is the inclusion of abstracts, tables, or excerpts from about 50 real published clinical research papers that are used as examples. These examples make up about half the pages of the book. Each example, most often a data table, includes arrows and the kind of balloons for words found in comic strips. Inside these balloons are the authors' helpful clarifying comments. They are the best part of this book. The text refers to these examples and presents the concepts. The writing style is amazingly clear and does not require formal course work in biostatistics or epidemiology.

Topics covered in the sections of the book include: who did what and why? (authorship, institutional affiliation); type of study (descriptive, analytical, experimental); description of the research setting and subjects and controls; description of the characteristics of the data, subjects and measures; ways of describing the results (odds, risk and hazard ratios, confidence intervals); statistical tests (linear and logistic regression, proportional hazards regression, meta-analysis and survival analysis); and how to interpret the results. Topics are included based on the frequency of their occurrence in the clinical literature. Other more unusual methods are only mentioned such as Poisson regression, Hosmer-Lemeshow test, and factor analysis.

The bibliography consists almost entirely of the clinical research examples. It would have helped to have a separate bibliography of good "next level" texts for the reader who wants to learn more. This friendly informal paperback book is a bargain at the price and should have wide use. We strongly recommend it for beginners for its easy entry into a complex domain and to experts who we think

will enjoy it and who will find it useful as they teach, advise, and help others.

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The Peer Appraisal Handbook for General Practitioners H Haman, S Irvine, D Jelly. (Pp 130; £19.95). Oxford: Radcliffe Medical Press, 2001. ISBN 1 85775 570 7.

Interest in ways of improving quality and promoting greater accountability in general practice have never been greater as the principles of clinical governance become accepted within the National Health Service (NHS). Peer appraisal is not a new concept, even amongst health professionals who often view "new" management ideas with some scepticism. However, it is not widely used in general practice and there is no doubt that this will change as appraisals are introduced into the NHS.

In this context a new guide to peer appraisal will be welcomed by many primary care professionals. *The Peer Appraisal Handbook* is clear, concise, and practical without pushing back the intellectual boundaries of the subject under review. The book is likely to be of greatest interest to an audience that is not familiar with peer appraisal, or to readers who know a little and want the concepts drawn together. The authors accept uncritically that appraisal is a good thing. Readers who want to know whether there is any evidence that it makes a difference to patient outcomes or professional satisfaction will be disappointed.

The book has been published before detailed information about the format of NHS appraisal is released. The authors therefore sensibly focus on general principles. They take the reader through a logical 10 step approach and base the content of the appraisal around Good Medical Practice for General Practitioners—a document which is likely to form the basis of both appraisal and revalidation for family doctors. The section describing the differences between constructive and destructive criticism is particularly useful. However, in other chapters the dangers of oversimplifying complex issues become obvious. For example, in the section on patient feedback as a method of collecting information for appraisal, generic patient satisfaction surveys are rightly dismissed but without reference to some of the specific patient experience instruments now being used.

This book will be useful as a practical guide to general practitioners new to the principles of peer appraisal, but it is unlikely to be an enduring item in the practice library.

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